



BAXTER IP

11:41:03 11-28-2006

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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29200 7590 09/08/2006

BAXTER HEALTHCARE CORPORATION
1 BAXTER PARKWAY
DF2-2E
DEERFIELD, IL 60015

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Kimberly R. Bardwell

(Depositor's name)

(Signature)

November 28, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,532	02/11/2002	Brian Connell	DI-5774	6676

TITLE OF INVENTION: DIALYSIS CONNECTOR AND CAP HAVING AN INTEGRAL DISINFECTANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENDEZ, MANUEL A	3763	604-030000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph P. Reagen2 Bell, Boyd & Lloyd LLC

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter International Inc.

Baxter Healthcare S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deerfield IL 60015 01 FC:1501

Zurich CH 02 FC:1504

03 FC:8001

1400.00 DA

300.00 DA

3.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 1

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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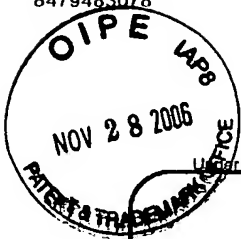
Authorized Signature

Date November 28, 2006Typed or printed name Joseph P. ReagenRegistration No. 35,332

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/074,532

Filing Date

February 11, 2002

First Named Inventor

Brian Connell

Art Unit

3763

Examiner Name

Mendez, Manuel A.

Attorney Docket Number

SMDI-5774 US (112713-220)

ENCLOSURES (Check all that apply)

☒

Fee Transmittal Form

☒

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

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☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):

Remarks

Grant Fees submission via fax to 571-273-2885.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Baxter Healthcare Corporation

Signature

Printed name

Joseph P. Reagan

Date

November 28, 2006

Reg. No.

35,332

CERTIFICATE OF TRANSMISSION/MAILING

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Kimberly R. Bardwell

Date

November 28, 2006

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